

CHSB

VPN User Application

Last Name: _____ First Name: _____
e-mail: _____ Work Phone: _____
Address: _____ *City:* _____ *State:* _____ *Zip:* _____
Vendor ☐ State Police ☐ CHSB Staff ☐ Gun Dealer ☐ Police Department ☐

Organization: _____

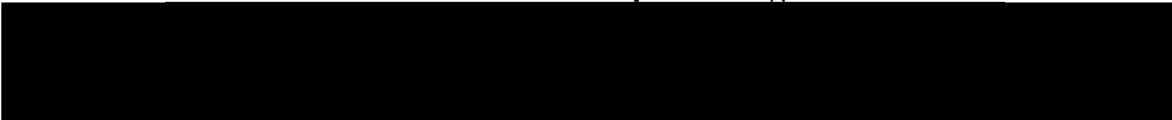
Other Servers and/or Services not listed above: _____

System Configuration:

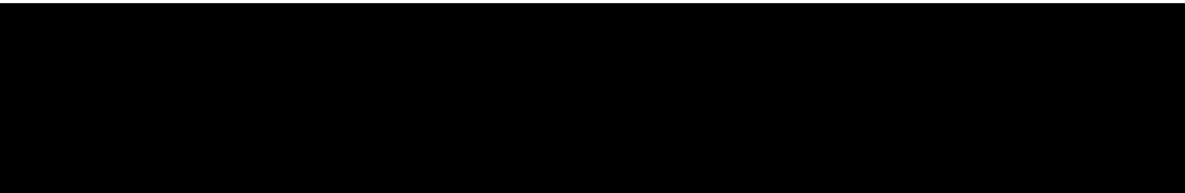
WinNT ☐ / Win2K ☐ / WinXP ☐ / Win98/ME ☐ System RAM: _____

User Information:

IMPORTANT – Please follow the password guidelines below!

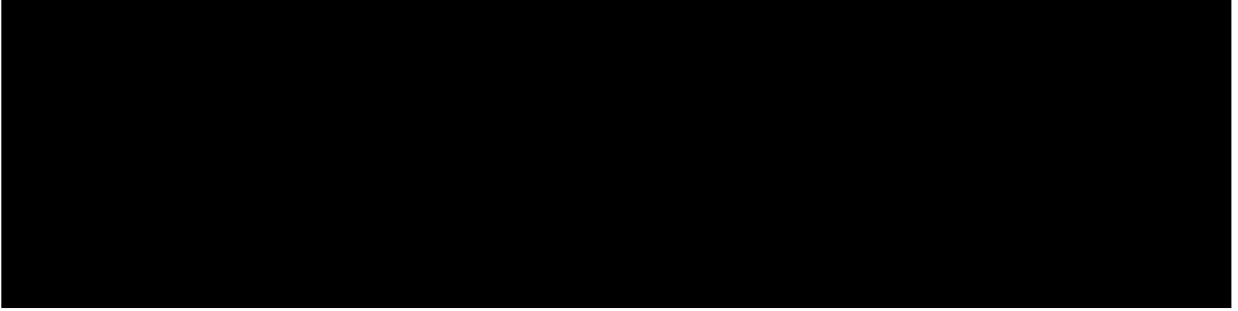


Password: _____



CHSB VPN User Application

For CHSB use only:



Approval: _____ Date: _____